

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 07/01/2012

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 1,114,463 | -12.4% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <i>medical malpractice</i> | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory

Lower rates for Medical Professional classes.

Raise rates for Domestic Service Providers.

Revise definitions of Special Event hazard groups.

Remove the Board Certified factor.

Add \$10,000 deductible.

Update rules to include reference to new forms/endorsements which have been filed separately, and editorial changes.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

American Alternative Insurance Corporation

Name of Company

Stephen J. Webb

- Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 06/01/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Dentist's Prof Liability</u> <u>Line of Insurance</u> | \$2,943,979 | -0.3% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: The modification of the debits associated with the Botulinum Toxin and Dermal Fillers (Botox) rating rule applies by classification as outlined in the attached rule.

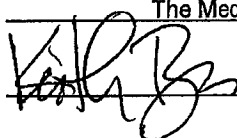
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

MedPro will decrease the current debits applied to dentists performing procedures described within the Botox rating rule by 50%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Medical Protective Company

 Name of Company


 Vice President

 Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 03/26/2012.

| | (1) | (2) | (3) |
|-----|---|---------------------------------------|-----------------------------|
| | Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$2,028,285 | -10% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>medical malpractice</u> Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,

specify: The -10% change reflects the overall (statewide) base rate change.

The actual change to territories IL1, IL2, and IL3 are -9.9%, -12.7%, and -9.8% respectively.

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

This filing proposes the following changes to The

Psychiatrists' Program: a base rate revision, a revision to the part-time practice discount,

and the addition of a membership discount for members of the American Psychiatric Association.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

National Union Fire Ins. Company of Pittsburgh, Pa.

Name of Company

Adam C. Reed - Assistant Vice President

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 12/01/2011.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Medical Malpractice | \$31,582 | -21.5% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: Not applicable

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are revising the rating for Pharmacy Professional
Liability Coverage based on compounding activities which we have determined to be a higher
risk. We are also revising our loss cost multiplier.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Pharmacists-Mutual Insurance Company

Name of Company

Kenneth Andrews, Regional Vice President

Official - Title